

Drug Abuse in the Newark Primary Metropolitan Area

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ABSTRACT

In this report, drug abuse indicators in the Newark primary metropolitan statistical area (Newark PMSA) are presented by using substance abuse treatment data, ED data, ME cases, and other information. Most primary treatment admissions (89.6 percent) in the first half of 2002 were illicit-drug related. Heroin accounted for 63.8 percent of primary treatment admissions in the Newark PMSA, compared with 7.6 percent for crack/cocaine and 7.3 percent for marijuana. Heroin use as a primary, secondary, or tertiary drug accounted for 67.3 percent in the first half of 2002, compared with 67.7 percent in 2001. Consistent with treatment data, ED heroin mentions in the Newark PMSA accounted for the largest proportion of drug mentions (36.3 percent in the first half of 2002). Although only 7.6 percent of treatment admissions in the first half of 2002 reported cocaine/crack as their primary drug of abuse, it accounted for 41.0 percent of primary, secondary, or tertiary drug treatment admissions and 32.2 percent of ED mentions in the first half of 2002. Between 2000 and 2001, heroin purity declined from 72.2 percent to 68.5 percent, while its price was stable at \$0.33 per milligram pure. Most of the heroin sold in the Newark PMSA came from South America. Despite the high purity of heroin sold in the PMSA, heroin injection among 18–25-year-old treatment admissions increased from 40.8 percent in the first half of 2001 to 50.4 percent in the first half of 2002. There were 304 drug-related deaths in 2001 in the Newark PMSA, compared with 250 in 2000. Cocaine-related deaths increased slightly, while heroin-related deaths were relatively stable from 2000 to 2001. However, the continued rise in drug-related mortality was driven by the sharp increase in narcotics analgesics and marijuana deaths.

INTRODUCTION

Area Description

The Newark primary metropolitan statistical area (Newark PMSA) consists of five counties (Essex,

Morris, Sussex, Union, Warren). In 2000, there were 2,032,989 residents in the PMSA, with 39 percent living in Essex County (which contains Newark City), 26 percent in Union County, 23 percent in Morris County, and the rest residing in the two other counties. The population of the Newark PMSA is diverse in its race distribution: 66 percent are White, 23 percent are Black, and 4 percent are Asian. Hispanics accounted for 13 percent of the PMSA population in 2000. There is also a wide variation in race/ethnic distribution the PMSA within each county. In Essex County, 45 percent of the population are White and 41 percent are Black. Union County is 65 percent White and 21 percent Black. By comparison, Morris is 87 percent White and 3 percent Black; Sussex is 96 percent White and 1 percent Black; and Warren is 95 percent White and 2 percent Black. Hispanics accounted for 15 percent in Essex, 7 percent in Morris, 3 percent in Sussex, 19 percent in Union and 4 percent in Warren Counties. The counties are also very diverse by socio-economic status. In the Newark PMSA, 5.8 percent of families with children under 18 live below the poverty level. For counties within the PMSA, the poverty status for families with children under 18 was 18 percent in Essex, 3 percent in Morris, 4 percent in Sussex, 9 percent in Union and 5 percent in Warren. The social, demographic, and economic variations suggest substantial differences in drug use behaviors of residents by county.

Data Sources

This report uses data from various sources, as indicated below.

- **Drug treatment data** were obtained from the Alcohol and Drug Abuse Data System (ADADS), a statewide, episode-based data system operated by the Division of Addiction Services of the Department of Health and Senior Services. The data include demographic information, drug use history, and detailed information on the three most abused drugs at the time of admission. ADADS has been operating since July 1, 1991, and contains more

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than 780,000 admission and discharge records. Treatment information obtained from ADADS includes all statistics for Newark City, the Newark PMSA, and the State. This report uses treatment data primarily from the first half of 2002. Major drug treatment admissions for the Newark PMSA are included, along with statewide data. In addition, data from the Client Oriented Data Program dating from 1985 to the first half of 1991 are used to study historical trends in heroin injection in Newark PMSA and the State.

- **Emergency department (ED) drug mentions data** were obtained from the February 2003 issue entitled “Emergency Department Trends From the Drug Abuse Warning Network, Preliminary Estimates January–June 2002.” The Office of Applied Studies (OAS) of the Substance Abuse and Mental Health Services Administration (SAMHSA) compiled the Drug Abuse Warning Network (DAWN) data. The DAWN system collected data on ED cases in the Newark PMSA (i.e., in Essex, Morris, Sussex, Union and Warren Counties).
- **Mortality data** were obtained from the SAMHSA January 2002 report entitled “Mortality Data From the Drug Abuse Warning Network 2001.” The DAWN system compiled data for counties in the Newark PMSA. Additional mortality data were obtained from the State Medical Examiner (ME) office. The DAWN system covered 60 percent of the five metropolitan statistical area (MSA) jurisdictions and 88 percent of the MSA population in 2001.
- **Heroin purity and price data** were obtained from the Intelligence Division, Office of Domestic Intelligence, Domestic Strategic Unit, Drug Enforcement Administration (DEA). The Intelligence Division of DEA collects data every quarter for the Domestic Monitor Program (DMP) from 23 U.S. metropolitan areas on the purity, retail price, and origin of heroin by purchasing it through undercover operations.
- **Human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) data** were obtained from the statewide AIDS Registry maintained by the New Jersey Department of Health and Senior Services, Division of AIDS Prevention and Control, HIV/AIDS Surveillance Program. Data compiled as of June 30, 2002, are used in this report.

DRUG ABUSE PATTERNS AND TRENDS

General Patterns

Contrary to previous reports that focused on Newark City, drug abuse indicators for the Newark PMSA are presented here for consistency with DAWN and other CEWG reports. Since the Newark PMSA exhibits patterns of drug abuse that are usually unique from the rest of the State, and because the State is diverse in many ways, comparative indicator data are also presented for each when appropriate to exhibit drug abuse variations.

Exhibit 1 shows overall changes in selected indicators for specific drug types between the first halves of 2001 and 2002.

In the Newark PMSA, alcohol-in-combination treatment admissions accounted for 8.5 percent of all treatment admissions (exhibit 2). By comparison, ED alcohol-in-combination mentions accounted for 19.6 percent of mentions in the first half of 2002, while such ME cases accounted for 13.7 percent in 2001.

Heroin was the most prominent drug of abuse in the Newark PMSA. In the first half of 2002, primary heroin treatment admissions accounted for 63.8 percent of all treatment admissions in the Newark PMSA, compared with 63.6 percent in the first half of 2001 (exhibit 1). Statewide, primary heroin treatment admissions appear to have stabilized (46.6 percent in the first half of 2001 vs. 46 percent in the first half of 2002). Although changes between the first halves of 2001 and 2002 were not statistically significant, there was a decline in both the rate and number of heroin ED mentions during that time period. More importantly, the rate of ED heroin mentions in the Newark PMSA declined from 108 per 100,000 population in the first half of 2001 to 103 per 100,000 population in the first half of 2002. The number of heroin ED mentions also decreased, from 1,849 in the first half of 2001 to 1,792 in the first half of 2002. Consistent with treatment data and ED data, ME heroin-related mentions dropped from 179 in 2000 to 177 mentions in 2001.

Primary cocaine/crack abuse accounted for only 7.6 percent of all treatment admissions in the first half of 2002, the same as in the first half of 2001. However, ED cocaine mentions increased by 21.9 percent (from 1,304 to 1,589) from the second half of 2001 to the first half of 2002. Consistent with ED data, cocaine-related deaths increased by 8.0 percent (from 137 to 148) in the Newark PMSA between 2000 and 2001.

In the first half of 2002, primary marijuana use accounted for 7.3 percent of all treatment admissions in the Newark PMSA, up from 6.9 percent in the first half of 2001 (exhibits 2 and 3). Consistent with its primary use, marijuana as a primary, secondary, or tertiary drug also increased to 19.4 percent of treatment admissions in the first half of 2002, compared with 17.9 percent in 2001. Consistent with the increase in treatment data, ED marijuana mentions in the Newark PMSA were significantly higher (39.5 percent) higher in the first half of 2002 than in the first half of 2001 (from 309 to 431). The increase in ED marijuana mentions is consistent with the 271-percent rise in ME marijuana mentions.

Phencyclidine (PCP) and other hallucinogens were rarely reported in the Newark PMSA. Among treatment admissions, there were only four primary PCP admissions in the first half of 2001, compared with seven in the first half of 2002. PCP mentions as primary, secondary, or tertiary drug accounted for 19 mentions in the first half of 2002 and for 17 percent in the first half of 2001. There were 18 ED PCP mentions in the first half of 2001. In the first half of 2002, the estimate for PCP mentions was suppressed because of a high relative standard error (greater than 50 percent), and no mentions were reported for other hallucinogens in the DAWN data for the Newark PMSA in the first half of 2002.

Methamphetamine use was also rare among treatment admissions in the Newark PMSA, with only 6 admissions reported in the first half of 2002 and 28 primary, secondary, or tertiary admissions reported in the first half of 2002. There were no ED methamphetamine mentions in the first half of 2002.

Club drugs, such as methylenedioxymethamphetamine (MDMA or ecstasy), gamma hydroxybutyrate (GHB), and ketamine, were rarely reported by clients in the Newark PMSA. While still rare, there were 21 ED ecstasy mentions in the first half of 2002, compared with 18 in the first half of 2001. By comparison, in the first half of 2002, there were 3 primary ecstasy treatment admissions and 16 primary, secondary, or tertiary ecstasy admissions.

Overall, substance abuse treatment admissions in the Newark PMSA increased between the first half of 2001 and the first half of 2002, with most of the increase driven by alcohol-in-combination and marijuana abuse.

The Newark PMSA has the largest number of illicit drug abusers per capita compared with other parts of the State, yet needs assessment studies indicate that only a small percentage are in treatment. It was

estimated that there were 38,404 heroin abusers and 15,046 cocaine abusers in the Newark PMSA in 2000. However, only about 8 percent of those with primary heroin abuse and about 5 percent of those with primary cocaine abuse problems received treatment in 2000.

Statewide, the proportionate share of heroin admissions among total admissions grew marginally from 46.6 percent to 48.0 percent from the first half of 2001 to the first half of 2002. By comparison, primary crack/cocaine, marijuana, and alcohol-in-combination admissions were stable in the same time period.

The 2001 survey of middle school students suggested a substantial decrease among students in the use of alcohol, marijuana, inhalants, hallucinogens, cocaine, and heroin. The survey showed that 2.4 percent of students in grades 7 and 8 had used club drugs in their lifetime. Lifetime use of any illicit drug declined from 20.7 percent in 1999 to 15.6 percent in 2001.

In the first half of 2002, 26.9 percent of primary heroin treatment admissions in the Newark PMSA injected the drug. Heroin injection among 18–25-year-old treatment admissions continued to increase, from 41.7 percent in 2001 to 50.4 percent in the first half of 2002 (exhibit 4). Statewide, injection by 18–25-year-old clients increased from 53.4 percent in 2001 to 56.0 percent in the first half of 2002 (exhibit 5). In the first half of 2002, heroin injection by clients age 18–25 was highest among Asian/Pacific Islanders (52.0 percent), followed by Whites (47.9 percent), Hispanics (44.7 percent), and Blacks (11.8 percent).

While heroin injection continued to increase, its purity declined modestly between 2000 and 2001. Heroin purity in the Newark PMSA was 72.2 percent in 2000 and 68.5 percent in 2001—the second highest after Philadelphia among the DAWN cities.

Consistent with the high prevalence of heroin injection, 33.0 percent of the people living in the Newark PMSA with HIV/AIDS as of June 30, 2002, were exposed to the disease because of injection drug use. People living with HIV/AIDS were predominantly Black (72 percent) or Hispanic (14 percent) (exhibit 7). Statewide, injection drug users (IDUs) accounted for 34 percent of those living with HIV/AIDS (exhibit 8).

The total number of drug-related deaths in the Newark PMSA increased from 250 in 2000 to 304 in 2001. Seventy-four percent of the decedents in 2001 were male, with Blacks and Whites accounting for 48.4 and 38.5 percent of the ME drug-related deaths,

respectively. Most of the decedents (87.5 percent) were older than 25, with 64.5 percent being age 35 or older.

Arrests for the sale and manufacture of drugs in the Newark PMSA increased from 5,449 in 2000 to 7,008 in 2001. By comparison, arrests for drug possession and use declined from 12,716 in 2000 to 11,260 in 2001. Most of those arrested for sale and manufacture (87.1 percent) and 55.0 percent of those arrested for possession and sale in 2001 lived in Essex County, where Newark City is located. Statewide, arrest patterns were similar to patterns in the Newark PMSA.

Cocaine/Crack

Primary cocaine/crack treatment admissions in Newark accounted for 7.6 percent of treatment admissions (5.2 percent for crack cocaine and 2.4 percent for powder cocaine) in the first half of 2002 (exhibit 2). In the first half of 2001, 4.9 percent of treatment admissions were primary crack abusers and 2.7 percent were powder cocaine abusers, for a total of 7.6 percent, suggesting stability in crack/cocaine abuse in the Newark PMSA. Despite cocaine's small share as a primary drug among treatment admissions, it remained popular as a secondary drug for heroin clients in the Newark PMSA. Consistent with Newark PMSA data, cocaine as a primary drug of abuse in the State was also stable between the first half of 2001 and the first half of 2002 (10.3 and 10.6 percent, respectively). In the first half of 2002, cocaine abuse as a primary, secondary, or tertiary drug accounted for 40 percent of all drug abuse mentions in the State.

In the first half of 2002, males accounted for 65.6 percent of powder cocaine admissions and 49.4 percent of crack cocaine admissions in the Newark PMSA (exhibit 2). The majority (82.4 percent) of powder cocaine admissions in the Newark PMSA were older than 25; 61.4 percent of crack cocaine and 51.6 percent of powder cocaine admissions were at least 35 years old.

More than two-thirds (68.2 percent) of cocaine/crack admissions in the Newark PMSA smoked the drug, while 28.7 percent used it intranasally in the first half of 2002. By comparison, 2.6 percent of primary treatment admissions injected cocaine/crack in the first half of 2002.

Cocaine/crack use varied by race/ethnicity in the Newark PMSA. In the first half of 2002, 69.0 percent of crack cocaine admissions were Black, 24.1 percent were White, and 5.9 percent were Hispanic. By

comparison, 40.7 percent of powder cocaine admissions were Black, 38.9 percent were White, and 18.1 percent were Hispanic.

Cocaine as a primary, secondary, or tertiary drug among treatment admissions in the Newark PMSA increased from 38.0 percent in 2001 to 41.3 percent in the first half of 2002. ED data also suggest an increase in cocaine mentions by 21.9 percent (from 1,304 in the second half of 2001 to 1,589 in the first half of 2002), with the rate of cocaine mentions per 100,000 population rising from 77 to 91 during the same period.

Cocaine-related deaths increased from 137 in 2000 to 148 in 2001. The increase in cocaine-related deaths in the Newark PMSA was consistent with the marginal increase in cocaine treatment mentions and ED cocaine mentions.

Cocaine prices have been remarkably stable over the years, selling for \$5–\$30 per bag in the Newark PMSA in the first quarter of 2001. No 2002 price data are available to report at this time.

Heroin

In the Newark PMSA, there were 5,777 primary heroin treatment admissions in the first half of 2002 (exhibit 2), compared with 5,523 in the first half of 2001, suggesting a marginal increase in the number of primary heroin admissions. The relative share of primary heroin admissions, however, was stable between the first half of 2001 (63.6 percent) and the first half of 2002 (63.5 percent).

In the first half of 2002, males accounted for 62.4 percent of heroin admissions in the Newark PMSA. There is variation by race/ethnicity in heroin admissions, with Blacks accounting for 57.0 percent, Whites for 27.1 percent, and Hispanics for 14.2 percent of heroin treatment admissions. Almost 90 percent (87.8 percent) of primary heroin admissions were older than 25, with 58.4 percent age 35 or older.

Heroin abuse as a primary, secondary, or tertiary drug accounted for 67.3 percent of admissions in the Newark PMSA. Its share appears to have stabilized between 2001 and the first half of 2002.

In the first half of 2002, 26.9 percent of treatment clients injected heroin compared with 24.6 in the first half of 2001. The increase in heroin injection between the first half of 2001 and the first half of 2002 in the Newark PMSA (exhibit 4) is also consistent with the slight statewide rise in heroin injection (exhibit 5). Heroin smoking remains very

rare in the Newark PMSA, with less than 1 percent (0.9 percent) of primary treatment admissions reporting this route of administration in the first half of 2002.

Both in the Newark PMSA and in the State, the rise in heroin injection was most pronounced for 18–25-year-olds, while injection by 26–34-year-old clients has been also rising moderately (exhibits 4 and 5).

While heroin ED mentions accounted for the largest number of drug mentions reported, the drug's relative share declined to 36.3 in the first half of 2002 from 40.0 percent in the first half of 2001. Consistent with heroin treatment data and ED heroin mentions, the rate of heroin ED mentions declined from 108 per 100,000 population in the first half of 2001 to 103 per 100,000 population in the first half of 2002.

Heroin purity is still very high but fluctuating in the Newark PMSA. In 2001, heroin purity was estimated at 68.5 percent per pure milligram. In 2000, heroin was 72.2 percent pure. The price per milligram of heroin appears to have stabilized at \$0.33 both in 2000 and 2001. The Newark PMSA has the second highest heroin purity (after Philadelphia) coupled with the lowest price among the 21 DAWN cities. According to the DEA report, almost all the heroin sold in the Newark PMSA is South American.

In 2001, ME data show 177 heroin mentions in the Newark PMSA, about the same number as in 2000 (179 heroin mentions). The stable pattern in ME heroin mentions is consistent with the recent patterns in both treatment data and ED data.

Opiates Other than Heroin

There were 101 primary “other opiates or synthetics” (other opiates) treatment admissions in the first half of 2002, compared with 69 in the first half of 2001. By comparison, primary, secondary, or tertiary other opiates treatment admissions in the first half of 2002 accounted for 2.3 percent (203 mentions) in the Newark PMSA.

In the first half of 2002, there were 12 hydrocodone/combinations ED mentions and 49 oxycodone/combinations mentions in the Newark PMSA, the same totals as in the first half of 2001.

In 2001, there were 18 oxycodone mentions among Newark PMSA ME cases, up from 4 in 2000. Statewide, there were 58 oxycodone ME mentions and 11 hydrocodone ME mentions in 2001.

Marijuana

In the first half of 2002, marijuana accounted for 7.3 percent of primary treatment admissions in the Newark PMSA (exhibit 2), which was only marginally higher than the drug's share in the first half of 2001 (6.9 percent).

Only 8.5 percent of primary marijuana treatment admissions were age 35 or older in the first half of 2002. Most marijuana treatment admissions (73.5 percent) were younger than 26; 33.1 percent were younger than 18. A substantial proportion (48.8 percent) of primary marijuana treatment admissions in the Newark PMSA also abused alcohol as a secondary drug, and 8.5 percent abused alcohol as a tertiary drug. In the first half of 2002, 19.4 percent of clients reported using marijuana as their primary, secondary, or tertiary drug at the time of admission.

There were 18 ED marijuana mentions per 100,000 population in the first half of 2001. In the first half of 2002, ED data show that the rate of marijuana ED mentions in the Newark PMSA increased to 25 per 100,000 population, a 37.1-percent increase. Consistent with ED mentions, ME marijuana mentions more than doubled between 2000 and 2001 (14 in 2000 and 38 in 2001).

Marijuana seizures in New Jersey increased from 1,813 in 1998 to 3,299 in 1999. There were no recent seizure data available for the Newark PMSA.

Prices of marijuana were stable in the Newark PMSA. According to the DEA, marijuana sold for \$5–\$10 per bag and \$2–\$5 per joint in the first quarter of 2001. No recent price data were available for the Newark PMSA to report.

Stimulants

Ecstasy use is still rare in the Newark PMSA with only one ED mention reported in the first half of 2001 and the first half of 2002. By comparison, there were three ecstasy primary treatment admissions in the first half of 2002, compared with one in the first half of 2001. There were 16 ecstasy abuse mentions as a primary, secondary, or tertiary drug in the Newark PMSA in the first half of 2002, compared with eight in the first half of 2001.

In the first half of 2002, only six primary methamphetamine treatment admissions were reported in the Newark PMSA. Methamphetamine use as a primary, secondary, or tertiary drug was reported only 28 times in Newark PMSA. Methamphetamine use was also rare in the State, with 121 mentions reported as a

primary, secondary, or tertiary drug in the first half of 2002.

Depressants

Benzodiazepines remain the fifth most commonly abused drugs in the Newark PMSA after alcohol, heroin, cocaine, and marijuana. In the first half of 2002, benzodiazepine use as a primary, secondary, or tertiary drug accounted for 2.3 percent of treatment admissions, compared with 1.6 percent in 2001. Consistent with its lower share among treatment admissions and ED mentions (0.9 percent), 2001 ME data show that benzodiazepine mentions accounted for only 0.4 percent in the Newark PMSA.

According to DAWN data for the first half of 2002, there were only six GHB ED mentions in the Newark PMSA and no ketamine ED mentions. By comparison, treatment data suggest that there was no GHB abuse as a primary, secondary, or tertiary drug by clients compared with two mentions for ketamine.

Hallucinogens

PCP abuse as a primary, secondary, or tertiary drug was reported 19 times in the first half of 2002 in the Newark PMSA. By comparison, there were only seven primary PCP treatment admissions and four other hallucinogens mentions in the first half of 2002. Estimates of PCP mentions were suppressed because of a high relative standard error (greater than 50 percent), and no mentions were reported for other hallucinogens in the DAWN data for the Newark PMSA in the first half of 2002. No hallucinogens-related deaths were reported in the Newark PMSA in 2001, and there was only one mention in 2000.

Lysergic acid diethylamide (LSD) use remains very low in the Newark PMSA, with no ED mentions reported in the first half of 2001 or the first half of 2002.

Alcohol

In the Newark PMSA, the share of alcohol-only treatment admissions declined from 11.4 percent to 10.4 percent between the first half of 2001 and the first half of 2002, while alcohol-in-combination admissions were stable (exhibit 3).

Despite its continued decline, alcohol is still a major secondary or tertiary drug of abuse among cocaine/crack, heroin, and marijuana treatment clients. For example, in the first half of 2002, 42.6 percent of crack treatment admissions, 47.5 percent of powder cocaine treatment admissions, and 48.8 percent of

marijuana treatment admissions reported alcohol as a secondary drug in the Newark PMSA.

As expected, large proportions of alcohol-only treatment admissions (93.1 percent) and alcohol-in-combination admissions (78.2 percent) were older than 25 in the first half of 2002 (exhibit 2). Alcohol-in-combination ME mentions were 11 percent higher in 2001 than in 2000 (98 in 2000 vs. 109 in 2001), while alcohol's proportionate share among ME mentions declined from 15.7 percent in 2000 to 13.4 percent in 2001.

Tobacco

A large proportion of substance abusers are heavy cigarette smokers (exhibit 6). Treatment data show that the proportion of clients smoking cigarettes increased from 79.8 percent in the first half of 2001 to 80.8 percent in the first half of 2002 in the Newark PMSA. Statewide smoking status stayed high but stable at 77.3 percent between the first half of 2001 and the first half of 2002.

Like all other drugs, cigarette smoking in the Newark PMSA varies by gender, race/ethnicity, and type of drug abused. Overall, 78.1 percent of male treatment clients and 85.6 percent of female treatment clients smoked cigarettes in the first half of 2002. Among male treatment admissions, heroin admissions smoked the most (86.2 percent), followed by admissions for alcohol-in-combination (73.6 percent), crack (71.6 percent), marijuana (64.6 percent), cocaine (62.5 percent), and alcohol-only (59.1 percent). The percentages of female admissions who smoke cigarettes were 90.6 for heroin, 79.4 for alcohol-in-combination, 83.7 for crack, 73.6 for marijuana, 76.4 for cocaine, and 62.7 for alcohol-only. A higher proportion of female treatment admissions smoked cigarettes compared with their male counterparts within each drug type listed above. Proportionately more females than males also smoked cigarettes within each racial/ethnic group.

Smoking has become increasingly less popular in the general public, with only 20 percent of adults and 38 percent of high school students in 1998 smoking cigarettes in the 30 days prior to the survey date. By comparison, only 7.2 percent of students in grades 7 and 8 in 2001 smoked cigarettes in the 30 days prior to the survey, while 12.5 smoked cigarettes in 1999. However, the recent anti-smoking effort in the State did not seem to have impacted the substance abusing community in treatment.

INFECTIOUS DISEASES RELATED TO DRUG ABUSE

The drug-abusing population in the Newark PMSA (and the State) and those living with HIV/AIDS exhibit similar characteristics. There were 11,592 people living with HIV/AIDS in the Newark PMSA as of June 30, 2002. Of these, 11,376 were adults/adolescents and 4,619 (39.8 percent) were females; 35.8 percent of the adult/adolescent cases were IDUs (exhibit 7). Only 1 percent were younger than 20 and 23 percent were older than 49. Over 70 percent (70.1 percent) of people with HIV/AIDS were age 30–49.

The population living with HIV/AIDS in the Newark PMSA was overwhelmingly Black (72 percent), followed by Hispanics (14 percent) and Whites (12 percent).

Statewide, the number of people living with HIV/AIDS as of June 30, 2002, was 29,767, of which 29,320 were adults; 35.9 percent were females. IDUs, including those who engage in male-to-male sex,

accounted for 37.0 percent of statewide adult cases (exhibit 8).

Only 2 percent of statewide cases were younger than 20, and 20.2 percent were older than 49. The race/ethnicity distribution of people living with HIV/AIDS statewide is also skewed towards Blacks, who accounted for 56.0 percent of all cases, and Hispanics, who accounted for 20.4 percent.

A larger proportion of females (35.7 percent in Newark PMSA and 36.4 in the State) were infected through heterosexual contact than males (11.7 percent and 10.1 percent in the Newark PMSA and the State, respectively).

The continued increase in heroin injection by the young (age 25 or younger), the very high level of heroin abuse, and heroin-related deaths suggest a possible increase in the prevalence of infectious diseases. However, no data are yet available to document any rise in the prevalence of infectious diseases.

For inquiries concerning this report, please contact Abate Mammo, Ph.D., Department of Health and Senior Services, Division of Addiction Services, Research and Information Systems, 225 E. State Street, 8th Floor, East Wing, Trenton, New Jersey 08625, Phone: (609) 292-9354, Fax: (609) 292-1045, E-mail: <abate.mammo@doh.state.nj.us>.

Exhibit 1. Selected Indicators for Specific Drugs in the Newark PMSA: 1H 2001–1H 2002

Drug Use Mentions	Treatment Data (1H 2001–1H 2002)	ED Mentions (1H 2001–1H 2002)
Alcohol-in-Combination	Stable	Stable
Heroin	Stable	Stable
Cocaine	Stable	Increased
Marijuana	Stable	Increased
PCP	Stable	(No Data)
Methamphetamine	Stable	(No Data)
Ecstasy (MDMA)	Stable	Stable
Ketamine	(None)	(No Data)
Total	Increased	Stable
Other Trends		
Heroin purity	Decreased between 2000 and 2001	
Heroin price	Stable at \$ 0.33 per milligram pure	
Injection	Increased among 18-25 and 26-34	
Drug-related deaths	Increased (Driven mainly by cocaine, narcotic analgesics and marijuana)	

SOURCES: Division of Addiction Services, State Department of Health and Senior Services; Adapted from DAWN, OAS, SAMHSA (first-half 2002 data are preliminary); Drug Enforcement Administration, Domestic Monitor Program

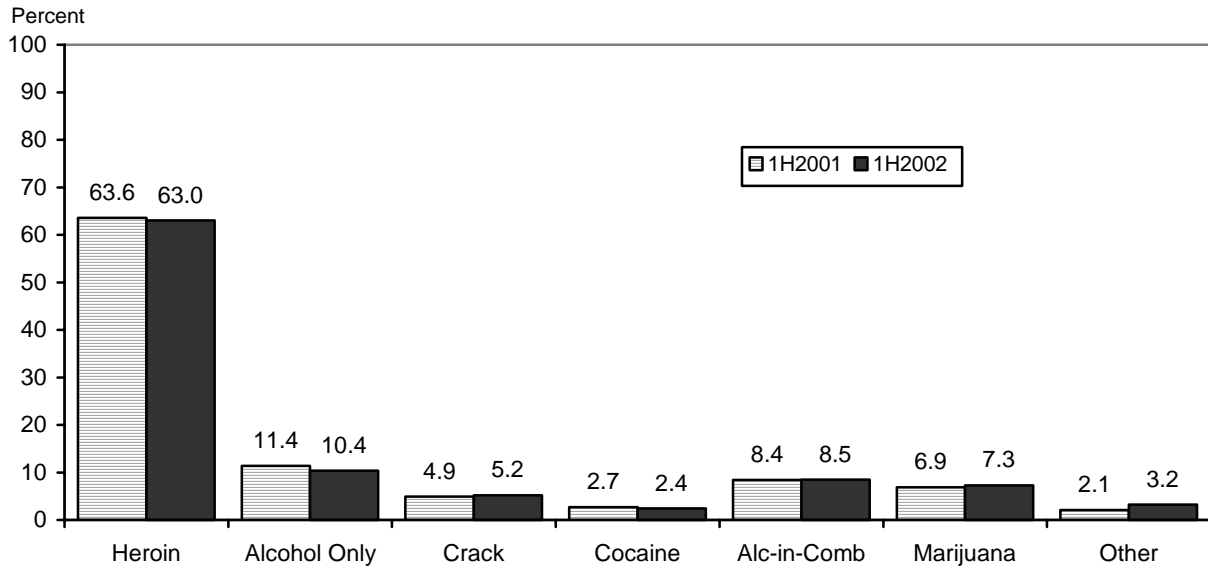
Exhibit 2. Characteristics of Primary Substance Abuse Treatment Admissions in the Newark PMSA, by Percent: January–June 2002

Demographic Characteristic (Percentage Distributions) ¹	Alcohol-Only	Alcohol-in-Combination	Crack	Cocaine	Heroin	Marijuana
Gender						
Male	75.0	73.4	49.4	65.6	62.4	78.9
Female	25.0	26.2	50.6	34.9	37.6	21.1
Race/Ethnicity						
White	65.3	51.7	24.1	38.9	27.1	30.7
Black	16.5	33.3	69.0	40.7	57.0	52.6
Hispanic	16.6	14.2	5.9	18.1	14.2	15.4
Other	1.6	0.8	1.0	2.3	2.7	1.3
Age at Admission						
17 and younger	0.4	4.2	0.8	2.7	0.6	33.7
18–25	6.3	17.5	8.4	14.9	11.6	39.8
26–34	17.6	24.8	29.3	30.8	29.4	17.9
35 and older	75.5	53.4	61.4	51.6	58.4	8.4
Route of Administration						
Smoking	–	–	100.0	–	0.9	98.6
Inhaling	–	–	–	90.1	72.0	–
Injecting	–	–	–	8.1	26.9	–
All other/multiple	100	100	–	1.8	0.2	1.4
Most Frequently Reported Secondary Drug	–	Marijuana 39.4	Alcohol 42.6	Alcohol 47.5	Cocaine/Crack 40.4	Alcohol 48.8
Most Frequently Reported Tertiary Drug	–	Marijuana 11.7	Marijuana 15.0	Alcohol 11.8	Alcohol 9.6	Alcohol 8.5
Total (N=9,073)	(944)	(770)	(474)	(221)	(5,777)	(664)
Percentage of Total	10.4	8.5	5.2	2.4	63.8	7.3

¹ Percentages may not add to 100 due to rounding or missing values.

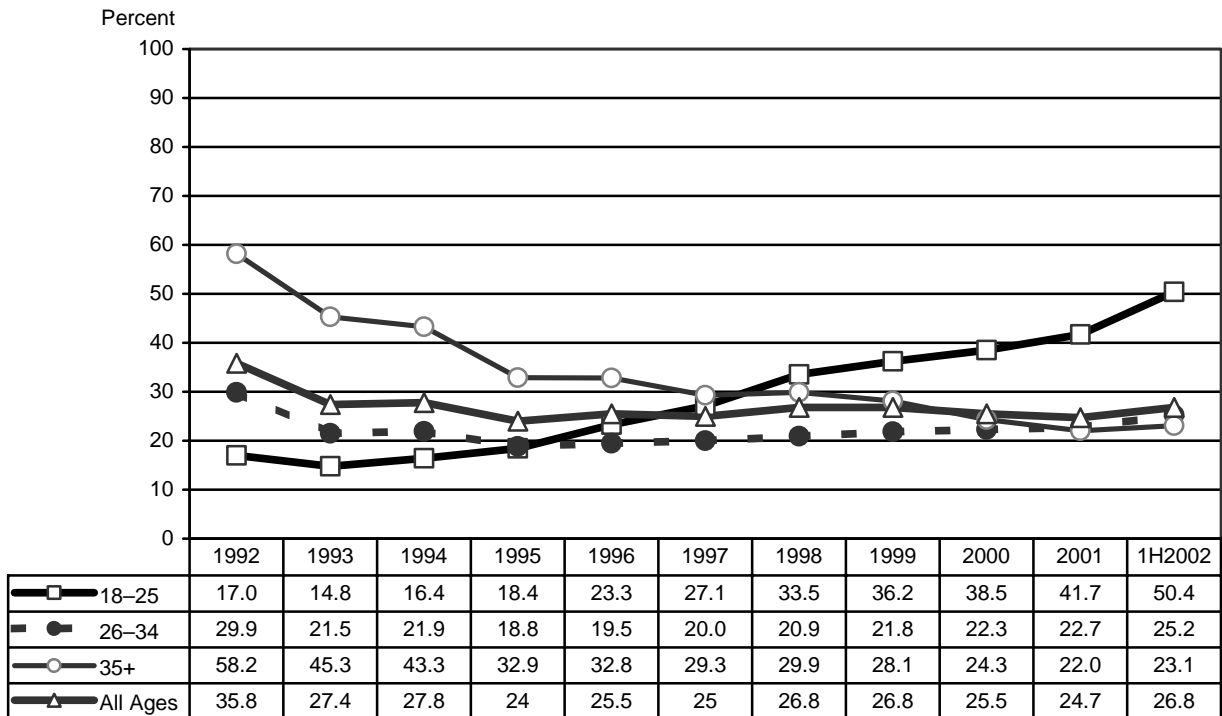
SOURCE: Alcohol and Drug Abuse Data System, Research and Information Systems, Division of Addiction Services, New Jersey Department of Health and Senior Services

Exhibit 3. Primary Treatment Admissions in the Newark PMSA, by Percent: 1H 2001 vs. 1H 2002



SOURCE: Alcohol and Drug Abuse Data System, Research and Information Systems, Division of Addiction Services, State Department of Health and Senior Services

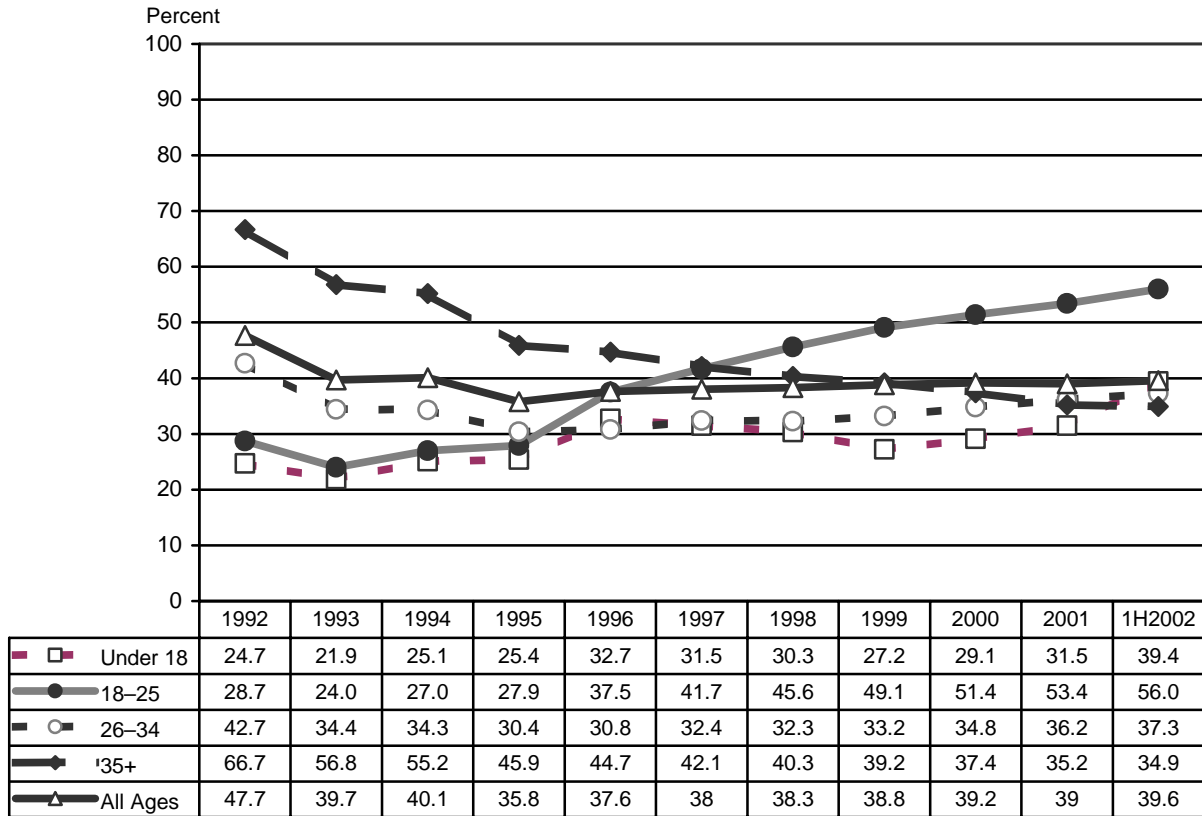
Exhibit 4. Heroin Injection Among Treatment Admissions by Age Group in the Newark PMSA, by Percent: 1992–June 2002¹



¹ 2002 data reflect partial year reporting only.

SOURCE: Client Oriented Data Program and Alcohol and Drug Abuse Data System

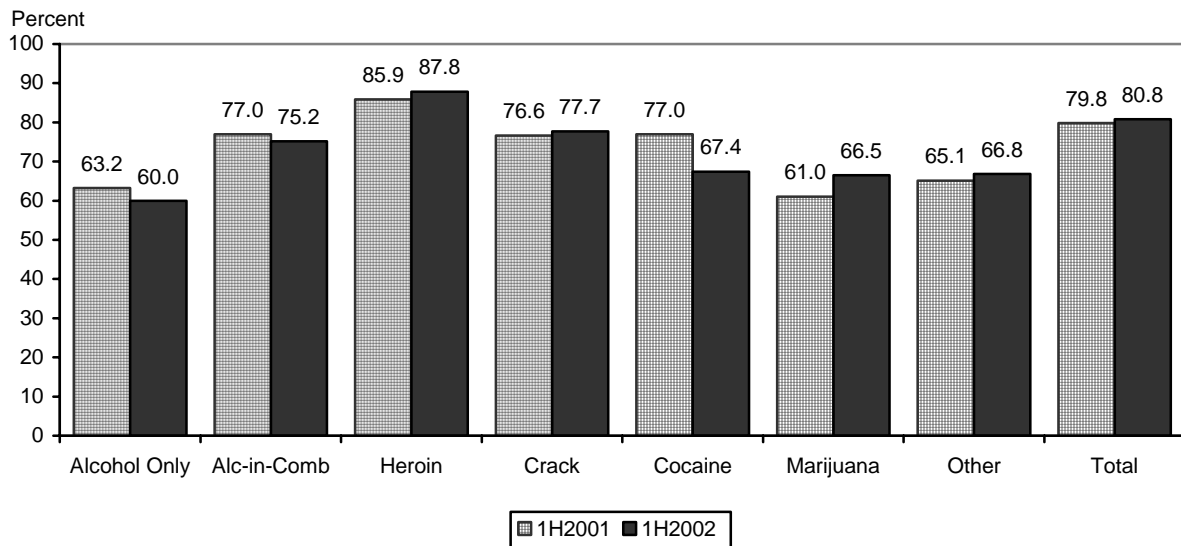
Exhibit 5. Percentages of Heroin Injectors Among Treatment Admissions by Age Group in New Jersey: 1991–June 2002¹



¹ 2002 data reflect partial-year reporting only.

SOURCE: Client Oriented Data Program and Alcohol and Drug Abuse Data System

Exhibit 6. Cigarette Smoking at Admission by Drug Type in Newark PMSA by Percent: 1H 2001 vs. 1H 2002



SOURCE: Alcohol and Drug Abuse Data System, Research and Information Systems, Division of Addiction Services, State Department of Health and Senior Services

Exhibit 7. Adult/Adolescent and Pediatric Cases Living With HIV/AIDS in the Newark PMSA by Exposure Category and Gender as of June 30, 2002

Exposure Category	Males		Females		Total	
	<i>N</i>	(%)	<i>N</i>	(%)	<i>N</i>	(%)
Adult/Adolescent						
Men/sex/men (MSM)	1,438	(21)	0	(0)	1,438	(12)
Injection drug user (IDU)	2,387	(34)	1,473	(32)	3,860	(33)
IDU/MSM	286	(4)	0	(0)	286	(2)
Heterosexual contact	816	(12)	1,651	(36)	2,467	(21)
Adult Other/Unknown	1,902	(27)	1,321	(29)	3,223	(28)
Pediatric Modes	144	(2)	174	(4)	318	(3)
Total	6,973	(100)	4,619	(100)	11,592	(100)
Race/Ethnicity						
White	981	(14)	385	(9)	1,366	(12)
Black	4,746	(68)	3,669	(79)	8,232	(72)
Hispanic	1,134	(16)	494	(11)	1,628	(14)
Other/Unknown	98	(1)	52	(1)	150	(1)
Total	6,882	(100)	4,494	(100)	11,376	(100)

SOURCE: New Jersey Department of Health and Senior Services, Division of AIDS Prevention and Control

Exhibit 8. Number and Percent of Adult/Adolescent and Pediatric Cases Living With HIV/AIDS in New Jersey by Exposure Category and Gender as of June 30, 2002

Exposure Category	Males		Females		Total	
	<i>N</i>	(%)	<i>N</i>	(%)	<i>N</i>	(%)
Adult/Adolescent						
Men/sex/men (MSM)	5,086	(27)	0	(0)	5,086	(17)
Injection drug user (IDU)	6,577	(34)	3,533	(33)	10,110	(34)
IDU/MSM	825	(4)	0	(0)	825	(3)
Heterosexual contact	1,927	(10)	3,884	(36)	5,811	(20)
Adult Other/Unknown	4,348	(23)	2,917	(27)	7,265	(24)
Pediatric Modes	330	(2)	340	(3)	670	(2)
Total	19,093	(100)	10,674	(100)	29,767	(100)
Race/Ethnicity						
White	4,707	(25)	1,841	(17)	6,548	(22)
Black	9,861	(51)	6,817	(64)	16,678	(56)
Hispanic	4,208	(22)	1,869	(18)	6,077	(20)
Other/Unknown	317	(2)	147	(1)	464	(2)
Total	19,093	(100)	10,442	(100)	29,767	(100)

SOURCE: New Jersey Department of Health and Senior Services, Division of AIDS Prevention and Control